

# CSL Behring Assurance<sup>SM</sup> Terms and Conditions

The *CSL Behring Assurance* Program is designed to help people who rely on CSL Behring therapies to continue to receive these treatments even if they experience a lapse in third-party, private health insurance. By providing product to patients who qualify, the *CSL Behring Assurance* Program offers those patients an added level of security that their treatment will continue during a time of need.

## Eligibility Requirements

At the time of their enrollment and throughout their participation in the *CSL Behring Assurance* Program, patients must:

1. Have third-party private insurance as their primary coverage.
  - Third-party private insurance coverage includes, but is not limited to, Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans, and Fee-for-Service plans administered by private companies.
  - Third-party private insurance coverage excludes any payer from whom funds for payment of claims originate from federal, state, and/or local government budgets, including Medicare Parts A, B, & D, Medicare Advantage Plans, Medicaid, Medicaid Managed Care, Veterans Administration (VA), State Children's Health Insurance Plans (SCHIPs), and TRICARE or other federal or state employee insurance programs in which funding originates from a state or local government.
2. Be a US citizen, US resident, or possess a current US visa. For purposes of this program, eligibility does not extend to the US territories (Puerto Rico, Guam, American Samoa, US Virgin Islands, etc.) or to US citizens residing outside of the continental United States, Alaska, or Hawaii.
3. Have a current prescription and be using at least one of the following CSL Behring therapies.

### Factor Therapies

- Helixate<sup>®</sup>FS Antihemophilic Factor (Recombinant) Formulated with Sucrose
- Humate-P<sup>®</sup> Antihemophilic Factor/von Willebrand Factor Complex (Human)
- Corifact<sup>®</sup> Factor XIII Concentrate (Human)
- Monoclate-P<sup>®</sup> Antihemophilic Factor (Human) Factor VIII:C Pasteurized, Monoclonal Antibody Purified
- Mononine<sup>®</sup> Coagulation Factor IX (Human) Monoclonal Antibody Purified
- RiaSTAP<sup>®</sup> Fibrinogen Concentrate (Human)
- IDELVION<sup>®</sup> Coagulation Factor IX (Recombinant), Albumin Fusion Protein (rIX-FP)
- AFSTYLA<sup>®</sup> Antihemophilic Factor (Recombinant), Single Chain

### Immune Globulin Therapies

- Hizentra<sup>®</sup> Immune Globulin Subcutaneous (Human), 20% Liquid
- Privilgen<sup>®</sup> Immune Globulin Intravenous (Human), 10% Liquid
- Carimune<sup>®</sup>NF Nanofiltered Immune Globulin Intravenous (Human)

### Alpha-1 Therapy

- Zemaira<sup>®</sup> Alpha1-Proteinase Inhibitor (Human)

### C1 Inhibitor Therapy

- Berinert<sup>®</sup> C1 Esterase Inhibitor (Human)

4. Verify continuous monthly product utilization of a CSL Behring therapy every 12 months.

## Initiation of Program Participation

Enrollment can occur any time during the calendar year. Patients currently prescribed an eligible CSL Behring therapy must complete the enrollment application and send it to the *CSL Behring Assurance* Program via fax at 1-866-415-2162; or through US mail to the *CSL Behring Assurance* Program, c/o Sonexus Health, P.O. Box 368, Lewisville, TX 75067 or online at [www.cslbehringassurance.com/Enroll](http://www.cslbehringassurance.com/Enroll). Patients will be notified of their enrollment status when the *CSL Behring Assurance* Program Care Coordinator verifies all Program eligibility requirements have been met.

## Earning CSL Behring Assurance Points

For every month of continuous product use of an eligible CSL Behring therapy, an enrolled patient will receive a *CSL Behring Assurance* Point. Points are issued based on product use from the date enrollment eligibility is approved.

Patients may earn up to a maximum of 12 *Assurance* points during a 12 month enrollment period. *Assurance* points expire 5 years after the point is awarded.

Temporary interruption in the patient's use of a CSL Behring therapy is permissible and will not affect the patient's enrollment or benefits in the Program when:

- The CSL Behring therapy in question is not available due to circumstances solely under CSL Behring's control or
- The patient's physician instructs the patient to temporarily discontinue use of the CSL Behring therapy in question for medical reasons and the patient later resumes his or her treatment with a CSL Behring therapy, or
- The CSL Behring therapy has been changed for a different CSL Behring therapy by the patient's physician.

## Product Use Verification

Every 12 months starting from the patient enrollment date, patients must verify their continuous product utilization for the previous 12 months. Patients will receive a reminder notification for yearly product usage submissions approximately 30 days prior to the end of the 12-month anniversary date. Notification types include phone, e-mail, and/or US mail.

At that time an *Assurance* Care Coordinator will attempt to collect and verify product usage information based on the enrollment duration. Patients can provide product utilization information in one of the following ways:

- Provide information over the phone to a *CSL Behring Assurance* Program Care Coordinator.
- Provide copies of the packing slips from their pharmacy provider showing patient name, product brand name, date of shipment, and amount supplied.
- Instruct their provider to complete the Brand Certification Form included in the Welcome Packet and return it to the *CSL Behring Assurance* Program via Fax or US Mail.
- Request that a *CSL Behring Assurance* Program Care Coordinator contact their physician's office or pharmacy provider directly to obtain the necessary information.

An *Assurance* Care Coordinator will verify all product information is correct and accurate. Procedures include contacting the appropriate physician office or pharmacy provider to verify product brand and use information. In the event that the *Assurance* Care Coordinator is unable to obtain or verify the required data, the *Assurance* Care Coordinator will contact the patient to discuss the information in question, program participation criteria, and benefits.

**Failure to provide required product utilization information to the *CSL Behring Assurance* Program within 30 days of the end of any 12-month enrollment period may result in the patient's withdrawal from the program and forfeiture of all *CSL Behring Assurance* Points.**

Upon product use verification, eligible patients will receive one (1) *CSL Behring Assurance* Point for every month of continuous product use. Points are issued based on continuous product use from the date enrollment is approved. Patients may earn up to 12 *Assurance* points per year and a maximum of 60 total points for 5 years.

Points will not be awarded retroactively. If patients enroll in the *Assurance* Program after they have been prescribed a CSL Behring therapy for any period of time, they will not be eligible to receive points for product received prior to their enrollment approval. Points are issued based on continuous product use from the date enrollment is approved.

Patients prescribed Berinert<sup>®</sup> C1 Esterase Inhibitor (Human) who are not required to refill a prescription every month are eligible to receive one (1) *CSL Behring Assurance* Point for every month of continuous treatment by their doctor. Their doctor will be asked to verify that patients are receiving ongoing medical care for hereditary angioedema (HAE), regardless of the number of prescription refills in a year, and confirm that they have a current prescription for Berinert in order to receive *Assurance* Points for the prior 12-month enrollment period.

## Program Points Documentation

*Assurance* Care Coordinators document all information and current points in the *Assurance* program database. Letters are mailed to patients, providing current program enrollment status and the total number of *Assurance* points awarded through the most recent 12-month enrollment period.

Patients who dispute the current program enrollment status or number of *Assurance* points awarded can contact the *CSL Behring Assurance* Hotline at 1-866-415-2164; fax to 1-866-415-2162; or write the *CSL Behring Assurance* Program, c/o Sonexus Health, P.O. Box 368, Lewisville, TX 75067.

*Please see additional Terms and Conditions on next page.*

# CSL Behring Assurance<sup>SM</sup> Terms and Conditions (continued)

## Point Redemption

Upon the loss of the third-party private insurance, the patient must contact a *CSL Behring Assurance* Care Coordinator and provide:

1. Verification that he/she is currently enrolled in the *CSL Behring Assurance Program*, has been for a minimum of 3 months, and has earned a minimum of three points prior to the start of the lapse
2. Documentation that he/she is currently prescribed and using an eligible CSL Behring therapy
3. Documentation establishing the start of the insurance lapse, the cause for the lapse, and proof that he/she is not currently using alternative or interim coverage (such as COBRA)
4. A signed prescription from the treating US physician

To receive product, the patient must be using an eligible CSL Behring product and have been enrolled in the program for a minimum of 3 months or have earned a minimum of 3 points at the start of the lapse of his/her insurance coverage. If the patient has access to alternative and/or interim health coverage, he/she must utilize this coverage prior to redeeming points.

A patient must be approved by the *Assurance* Program Care Coordinator to redeem points prior to product shipment. He/she will not be reimbursed for product that is shipped without, or prior to, *Assurance* Program notification, approval, and points redemption.

Three points represent a one-month product supply based on product usage at the time of redemption, as follows:

### Factor Therapies

- Helixate FS: up to 12,000 IU per every 3 points
- Humate-P: up to 6,000 IU per every 3 points
- Corifact: 1 month prescription per every 3 points
- Monoclate-P: up to 12,000 IU per every 3 points
- Mononine: up to 6,000 IU per every 3 points
- RiaSTAP: 1 gram per every 3 points
- IDELVION: up to 20,000 IU per every 3 points
- AFSTYLA: up to 80,000 IU per every 3 points

### Immune Globulin Therapies

- Hizentra: up to 60 grams per every 3 points
- Privigen: up to 50 grams per every 3 points
- Carimune NF: up to 50 grams per every 3 points

### Alpha-1 Therapy

- Zemaira: up to 20 grams per every 3 points

### C1 Inhibitor Therapy

- Berinert: up to 4,500 units per every 3 points

Multiple points (in increments of 3) may be redeemed within 1 month for a 30-day prescription refill. The maximum points that may be redeemed for 1 prescription cannot exceed 12 points. Patients may continue to refill a prescription every month until they use all of their *Assurance* points or start new insurance coverage or fail to continue to meet any of the Terms and Conditions of this program. Patients will be notified of current point status at the time of prescription refill or may contact the *CSL Behring Assurance* Hotline at 1-866-415-2164; fax to 1-866-415-2162; or write the *CSL Behring Assurance* Program, c/o Sonexus Health, P.O. Box 368, Lewisville, TX 75067.

Claims for reimbursement may not be submitted to any insurance company, other payer, or reimbursement entity for product received under the Program. Points are not transferable and expire after 5 years.

CSL Behring or the *CSL Behring Assurance* Program is not responsible for supplying or managing any ancillary products or services (nursing visit, tubing, needles, pumps, etc) required in the utilization of patient treatment. *Assurance* points may not be redeemed to cover the cost of ancillary products or services utilized in patient treatment.

## End of Insurance Lapse

Once the patient's insurance lapse has ended, the patient must immediately notify the *Assurance* Program Care Coordinator and the patient's status in the Program will return to accruing points. Issuance of points will resume provided that the patient is using an eligible CSL Behring therapy. If the patient is no longer using a CSL Behring therapy when the lapse ends, the patient's participation in the Program will be discontinued.

## Patient Withdrawal or Ineligibility

A patient may withdraw from the *Assurance* Program at any time by contacting the *Assurance* Program Hotline and requesting to be withdrawn from the program. A patient may also be deemed ineligible if he/she fails to meet any of the *Assurance* Program Terms and Conditions, including discontinuing use of the CSL Behring therapy for a period greater than 30 days that is not the result of a temporary interruption or failing to provide required product utilization information. A patient is also ineligible if it is determined that he/she has third-party private insurance coverage from which funds for payment of claims originate from federal, state, and/or local government budgets, including Medicare Parts A, B, & D, Medicare Advantage Plans, Medicaid, Medicaid Managed Care, Veterans Administration (VA), State Children's Health Insurance Plans (SCHIPs), and TRICARE or other federal or state employee insurance programs.

Once a patient has withdrawn or is deemed ineligible, all *Assurance* points awarded to the patient at that time are forfeited and not available for future use. A patient deemed withdrawn or ineligible may apply for enrollment in the Program at any time by submitting a new enrollment application and initiating a new enrollment process.

If a patient disputes his/her current program enrollment status or number of *Assurance* points awarded, he/she can contact the *CSL Behring Assurance* Hotline at 1-866-415-2164; fax to 1-866-415-2162; or write the *CSL Behring Assurance* Program, c/o Sonexus Health, P.O. Box 368, Lewisville, TX 75067.

## Patient Confidentiality

The *Assurance* Program is administered by Sonexus Health, a company that specializes in support and advocacy programs for families managing chronic illnesses. CSL Behring has contracted with Sonexus Health to act as the third-party Program Administrator for the Program. Information provided by the patient or his/her physician under the Program will be used solely and exclusively for the Program unless (1) the patient gives prior consent; (2) the government requires the information; or (3) the patient's name and all other identifying information is removed by the Program Administrator prior to other use.

## Program Inquiries

For more information about the *CSL Behring Assurance* Program, contact the *CSL Behring Assurance* Hotline at 1-866-415-2164; fax to 1-866-415-2162; or write the *CSL Behring Assurance* Program, c/o Sonexus Health, P.O. Box 368, Lewisville, TX 75067.

## Program Scope

CSL Behring reserves the right, through the Program Administrator, to approve or deny any Program application or discontinue the Program at any time with respect to any patient, physician, or provider. CSL Behring and the Program Administrator reserve the right to request evidence of canceled or excluded benefits in insurance coverage. Should either CSL Behring or the Program Administrator receive notification that a patient no longer satisfies the eligibility requirements for the Program, CSL Behring, through the Program Administrator, reserves the right to discontinue the patient's participation in the Program.

Product and product quantities are subject to availability. CSL Behring and the Program Administrator reserve the right to limit product quantities.

CSL Behring reserves the right to unilaterally modify or discontinue the Program in part or in its entirety at any time and without prior notice. The *CSL Behring Assurance* Program is void where prohibited by law.

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